

Set-Aside Schedule

1. A uniform set-aside charge of 13% will be levied against the net proceeds of each licensed vendor. This charge will be made against the net proceeds for each four-week period. However, if a vendor's net profit is less than \$470.00 in a four week period, no Set-Aside charge will be levied for that period. Effective January 4, 2002, the set-aside charge will change to 11%.
2. The fair minimum guarantee to all operators is \$400.00 per four-week period.
3. If the set-aside schedule produces more revenue than is required to meet expenditures from set-aside funds during the next year, there will be a pro rata distribution of excess funds or a reduction in the set-aside charge for the ensuing year, at the election of the Committee of Licensed Blind Vendors.

DSB VENDING FACILITY PROGRAM

Trainer Agreement

Between

Division of Services for the Blind

and

Vending Facility Manager

Statement of Agreement

I, (Name of Vendor) _____ assigned as manager of
Vending Facility #_____

located at (Location) _____
agree to provide

on-the-job vending facility training for (Name of Trainee)

for (Number of Days Date) _____ for the period beginning

and ending _____ at the rate of \$_____ per day.
Payment will be computed

only for actual days trainee is on-the-job.

It is understood that the trainee assigned will be under my supervision while on-the-job and that the training provided will be under the direction and authority of the DSB/VFP Training Specialist. Training Progress Reports will be furnished as requested.

Signed: (Vendor) _____ Date: _____

Signed: (Training Specialist) _____ Date:

Signed: (VFP Supervisor) _____ Date: _____

Vendor Evaluation

Purpose of Form

This form is to be completed on a semiannual basis by the Vending Facility Specialist to make determination, in an objective manner, of the vendor's performance as an operator of a food service facility as well as the vendor's adherence to VFP policies and procedures. The form will also be used as a means to provide qualification information should the vendor request a transfer or promotion to another vending facility. The form will be completed in the presence of the vendor and fully reviewed with the vendor. The vendor will sign the form to indicate that he/she is aware of the contents. Any changes in or amendments to the evaluation must also be done in the presence of the vendor.

This form is also used to determine training needs as expressed by the vendor.

Completion of Form

The form will be completed in duplicate.

1. Location - Enter vending facility location number and name of facility.
2. Vendor - Enter full name of the vendor.
3. Date - Enter the date the evaluation is done.
4. Type of Facility - Check appropriate box.
5. Number of - Potential Customers - Enter the number of employees or students in the building, factory, or school. Tables - Enter number of tables available for customers.
Seating Capacity - Enter number which can be seated.

Section A - Fiscal Information. This information will be completed by the VFP prior to evaluation.

Section B through G - All items in these sections will be rated according to the scale on the form.

Section H and I - Training Needs Enter any comments regarding training needs. If "none", enter none.

Section J - Overall Evaluation Rating. This rating should take into account all other ratings of the various subsections of the form. Enter any comments made by the vendor as well as observations made by the specialist. The manager and the specialist will sign the form.

Routing of Form - Original to vendor with copy to be placed in the vendor's personnel file.

DIVISION OF SERVICES FOR THE BLIND
Vending Facility Program

Vendor Evaluation

1. Location:

2. Vendor: _____ 3. Date: _____

4. Type of Facility: (Check one)

Office building: Private___ Factory ___

Federal___ Vo-tech
School ___

County ___

State ___

5. Number of: Potential Customers _____ Tables _____ Seating Capacity

Satisfactory

Unsatisfactory

A. Fiscal Information:

1. Promptness of Reporting
2. Accuracy of Sales Reports
3. Profit Percentages:

a. Average % since last evaluation:

Gross
_____ %

Net
_____ %

b. Average % current fiscal year:

Gross
_____ %

Net
_____ %

Describe items that are unsatisfactory

RATING: 1 - Unacceptable, 2 - Needs improvement, 3 - Satisfactory, 4 - Above average, 5 - Excellent

1 2 3 4 5

1. Counter tops
2. Under counters and counter tracks and sinks
3. Fountain heads and ice makers
4. Food preparation, (if applicable); Utensils, coffee pots, etc.

5. Pest control

6. Equipment/Furnishings: tables, chairs, bar towels, etc.

7. Walls, floors and ceilings (if not manager's responsibility, note here.)

8. Refrigerators and freezers

Comments:

C. Equipment: For Office Use Only. Not to be included as part of manager's rating.
Check each item which is in need of repair or maintenance.

1 2 3 4 5

1. Cabinets

2. Tables and/or chairs

3. Refrigerators or freezers

4. Coffee makers

5. Drink machines

6. Microwaves

7. Other, specify

Comments:

D. Food Preparation

1 2 3 4 5

1. Utensils
2. Food preparation methods
3. Prepared food storage: Cold

Hot

Comments:

1 2 3 4 5

E. Personal Hygiene:

Comments:

1 2 3 4 5

F. Customer Relations:

1. Courtesy
2. Individual sales

3. Speed of service

Comments:

1 2 3 4 5

G. Marketing and Merchandising:

1. Adequate inventory
2. Stock rotation
3. Display of merchandise
4. Pricing of merchandise

Comments:

H. Training Needs:

Specialist's comments: _____

Vendor's comments: _____

I. Upward Mobility Training Comments or Needs:

Specialist's comments: _____

Vendor's comments: _____

Comments of Grantor or Designee:

Date: _____ Grantor's or Designee's Signature: _____

1 2 3 4 5

J. Overall Evaluation Rating:

Specialist's comments:

Vendor's comments:

Recommendations for possible promotion or reassignment: _____

Comments:

I have been read and understand all sections of this evaluation. I understand that my signature does not signify agreement with the evaluation but the fact that the entire evaluation has been presented to me. I further understand that any changes or amendments to this evaluation will not be made unless I have had an opportunity to review any changes and that no changes will be made without my knowledge of the specific changes.

Date: _____ Vendor's Signature:

Date: _____ Specialist's Signature:

DSB-8002 (R. 4/91)

AGREEMENT FOR OPERATION
OF A VENDING FACILITY
UNDER RANDOLPH-SHEPPARD ACT
BETWEEN
THE DIVISION OF SERVICES FOR THE BLIND
(The Designated State Licensing Agency) AND

(A Licensed Blind Vendor)

THIS AGREEMENT entered into this ____ day of _____ 20____, by and between the Division of Services for the Blind (hereinafter, DSB), and

_____, licensed as a blind vendor under the Randolph-Sheppard program (hereinafter, vendor) by the DSB, WITNESSETH:

WHEREAS, the DSB has been granted a permit by

_____ for the operation of a vending facility by a licensed blind vendor under the Randolph-Sheppard program (hereinafter, permit) on the property located at _____, a copy of which permit is attached hereto and made a part hereof; and,

WHEREAS, the DSB has offered the vendor the opportunity to operate the vending facility under the terms and conditions hereinafter set forth; and,

WHEREAS, the vendor has agreed to undertake the operation of the vending facility under the terms and conditions hereinafter set forth; and,

WHEREAS, the parties do not intend to derogate in any way from responsibilities and rights imposed and granted by applicable Federal, State or local laws or regulations by this agreement;

NOW, THEREFORE, in consideration of the premises, it is mutually agreed as follows:

A. THE DSB WILL:

1. Equip the vending facility for carrying out the business authorized by the permit.
2. Furnish initial stocks of merchandise and petty cash sufficient to enable the vendor to commence operating the business authorized by the permit.
3. Furnish the vendor with a complete inventory of all equipment, initial stocks, and petty cash provided.
4. Maintain the equipment at the vending facility in good repair, and replace obsolete and worn-out equipment as necessary.
5. Provide for substitute operation of the vending facility as may be necessitated by the vendor's absence because of illness, vacation, or otherwise. The salary of the person who substitutes for the vendor or that

of other emergency help, shall be charged to the vending facility where the service is performed, except to the extent that is otherwise covered by the vacation and sick leave plan provided by the DSB.

6. Provide supervisory and management services necessary for the efficient operation of the vending facility.

B. THE VENDOR WILL:

1. Be responsible for having the vending facility open for business on the days and during the hours specified in the permit.
2. Operate the vending facility business on a cash basis except for such credit accounts as may be established or authorized in writing by the DSB.
3. Be accountable to the DSB for the proceeds of the business of the vending facility, and handle the proceeds, including payments to suppliers and deposits of funds, in accordance with instructions from the DSB.
4. Carry on the business of the vending facility in accordance with:
(a) the Randolph-Sheppard Act and the regulations issued pursuant thereto; (b) the rules and regulations of DSB and the written standards and policies issued thereunder after consultation with the State Committee of Blind Vendors; (c) applicable Federal, State, and local laws, ordinances and regulations; (d) terms and conditions of the permit.
5. Maintain a neat business-like appearance while working at the vending facility, and conduct the facility in an orderly, business-like manner.
6. Take proper care of the equipment of the vending facility, and make alterations or changes therein only with the written approval of the DSB.
7. Notify the DSB a reasonable time in advance of taking of any voluntary leave from the vending facility, and as soon as possible with respect to any involuntary leave.
8. Keep such records and make such reports as the DSB shall require and furnish information and comply with such conditions as may be necessary to assure the correctness and verification of such records and reports, including participation in management audits of the facility's operation.

9. If the value of the inventory and cash-on-hand is less than the value of the inventory when the vendor was assigned to the facility, the amount of the deficit is due and payable by the vendor to the Program. Any loss of commission(s), payroll, or other financial obligations related to the Vending Facility Program (VFP) manager and his stand operations will be due and payable to the Program by the VFP manager upon revocation of the vendor's license or vendor's resignation. Notification of this amount will be given to the vendor in writing by the VFP. Any financial loss not paid to the VFP will be processed through the established legal system for recovery.

10. Cooperate with the officials of the DSB and provide them access to the vending facility and to such pertinent information as they may require in discharging the responsibilities of the DSB as the State Licensing Agency.

C. GENERAL:

1. The business to be carried on at the vending facility will be limited to that specified and authorized in the permit.

2. The right, title, and interest in and to the equipment of the vending facility, the stock in trade, and funds on hand are vested in the DSB, and will be left at the vending facility or turned over to the DSB upon the termination of this agreement for any reason by either of the parties. In such event, the fair market value of the vendor's interest will be determined by the DSB and paid to the vendor or to the vendor's heirs or assignees.

3. Rebates, commissions, or bonuses received by the vendor from suppliers are, and must be accounted for, as income of the vending facility. Under no circumstances are such funds to be treated as the separate, personal funds of the vendor.

4. Merchandise taken from the stock in trade of the vending facility by the vendor for the vendor's own use shall be accounted for by the vendor and paid for at cost prices.

5. The business premises of the vending facility shall be covered by public liability insurance, and any such other insurance as will protect the vendor, any one employed by the vendor, and the DSB against losses and claims arising out of the conduct of the business of the vending facility. The cost of such insurance shall be a cost of operating the business of the vending facility and taken into account as such in determining the net proceeds of the business.

6. The income of the vendor shall be 100% of the net profits of the facility less funds to be set aside in accordance with the schedule prescribed by DSB after consultation with the State Committee of Blind Vendors. Payments and adjustments will be made periodically as determined by DSB after consultation with the State Committee of Blind Vendors. The vendor will be guaranteed a fair minimum return uniformly applicable to all locations, as determined by DSB after consultation with the State Committee of Blind Vendors.
7. If the Vendor is dissatisfied with an action by the DSB arising from the operation or administration of the Vending Facility Program, the vendor may request an administrative review and, if necessary, a full evidentiary hearing. If the vendor is dissatisfied with the decisions of the Review and Hearing, the vendor may request that an arbitration panel be convened by filing a complaint with the Secretary of the Department of Education.
8. This agreement may be terminated at any time by the vendor. It shall be terminated upon revocation or termination of the permit or contract. In addition, it may be terminated by the DSB if the business of the vending facility is not conducted in accordance with this agreement, or with applicable Federal, State, or local laws and regulations.
9. Licensee is on four month probationary status with optional fifth month of probation if deemed necessary in accordance with the Vendor Operating Procedures Manual.

Date: _____ by _____

Date: _____ by

Date: _____ by

Leave Form

Refer to Leave Policies in Section 6.

This form will be completed by the Vending Facility Program Specialist when the vendor reports payroll and non-essential leave. The specialist will turn the form in to bookkeeping with the payroll form. The leave will then be entered on the vendor's leave record and a copy mailed to the vendor. A leave printout will be mailed to the vendor quarterly, unless the vendor requests a printout sooner.

VENDING FACILITY PROGRAM
700 Main St., P.O. Box 3237
Little Rock, AR 72203

LEAVE FORM

_____, took _____
leave days from

(Vendor's Name

_____ to _____
_____ for

Month DAY YEAR Month DAY YEAR

Vending Facility Location Number

This leave is to be charged to:

Annual (vacation) Leave ____

Sick Leave ____

Extended Sick Leave ____

Funeral (sick) Leave..... ____

Immediate Family Illness (sick leave) ____

Maternity (sick leave) ____

Agency Business Leave ____

Non-essential Leave ____

Date _____

Specialist's Signature

Comments:

Weekly Sales Report

Complete the dates, beginning and ending, for which the report is submitted.

Name - Name of the Vendor who is submitting the report and the Number of the location.

1. Cash Beginning of Day - Record the amount of cash at the beginning of each day. On Friday, the amount recorded should be the amount of petty cash. The amount recorded Monday through Thursday should be equal to item 5. (cash at end of day) for the previous day.

2. Supplies/Operating Expense - Record the amount spent for supplies/operating expense during the day. This amount should agree with the total cash paid-out receipts for supplies/operating expense for the day. Supplies/operating expenses are those items such as cups, lids, bowls, straws, napkins, stir sticks, cleaning supplies, postage, janitorial services, telephone calls, etc., which are not directly sold to customers.

3. Total Purchase of Stock - Record the total amount spent for stock for resale. This amount should agree with cash paid-out receipts for stock for the day.

4. Total Cash Paid Out - Add items 2, and 3.

5. Cash At End Of Day - Count the cash at the end of the day and record this amount in item 5.

6. Sales - Add items 4 and 5 and subtract item 1. This is the amount of sales for the day.

Total for the Week

1. Do not total item 1.
2. Add item 2 across and record the total under Total for the Week.
3. Add item 3 across and record the total under Total for the Week.
4. Add item 4 across and record the total under Total for the Week.
5. Deposit - The amount recorded for deposit should be equal to the amount of cash at the end of the day on Thursday less the amount of petty cash (the amount recorded in item 1 for the previous Friday).
6. Add item 6 across and record the total under Total for the Week. This amount should be equal to the sum of items 4 and 5.

DIVISION OF SERVICES FOR THE BLIND
VENDING FACILITY PROGRAM
Weekly Sales Report of Manager

FROM _____ TO _____

VENDOR _____ STAND NO. _____

	FRI.	MON.	TUES.	WED.	THURS.	TOTAL FOR WEEK
1. Cash Beginning Of Day						

2.
Supplies/
Operating
Expense

3. Total
Purchase
Of Stock

4. Total
Cash
Paid Out
2 + 3

Deposit

At
5. Cash
End Of
Day

6. Sales
4 + 5 - 1

DSB-8000 (10/87)

Four Week Report

Purpose of Form

The Four Week Report is calculated from the 4 Weekly Sales Reports which are completed by the vendor. The accuracy of the Four Week Report depends on the accuracy of the Weekly Sales Reports and the accuracy with which extra-help is reported.

Completion of Form

1. Vendor - Enter name of vendor.
2. VFP# - Enter number assigned to stand location.
3. Period - Enter name of city of the stand.
4. Specialist - Enter the name of the specialist.

5. Dates - Enter the dates of the time covered by the report.
6. Vending Machine Deposit – The amount of vending machine commission received during the period.
7. Total Sales - The totals of item 6 on the Weekly Sales Report for the period (4 weeks) plus any other income other than sales that accrues to the location through the program - e.g., income from vending machines, etc.
8. Total Stock Purchases - The total of item 3 on the four Weekly Sales Reports. All receipts for purchases of stock during the four week period are shown here.
9. Gross Profit - Total Sales minus Total Purchases of Stock.
10. Gross Profit % - Gross Profit divided by Total Sales.
11. Gross % Before Vending – This is the percentage that policy 4.2.18 uses.
12. Operating Expenses - The total of item 2 on the Weekly Sales Report.
13. Vendor's Deposit - The amount remaining after the costs for Supplies and Operating Expenses are deducted from Gross Profit.
14. Extra Help - Total amount charged to compensate essential extra-help that has been employed during the period. The gross amount shown on the books as charged to a particular vendor or location and is based on documentation of essential extra-help submitted by the Vending Facility Program Specialist.
15. FICA Matching - The employer's (vendor's) matching contribution for Social Security on an extra-help employee's wages.
16. Rent - The amount agreed to that is paid to the lessor of a location. The rent is paid by the VFP office and charged back to the appropriate location.
17. Liability Insurance/Workers Comp. - Liability insurance and/or Worker's Compensation Insurance amounts paid by the VFP office and charged back to the location.

18. State Unemployment Insurance - The amount of the premium(s) that is paid for a particular location. This amount is paid by the VFP office and charged back to the location.

19. Total - The sum of (13) Extra Help, (14) FICA Matching, (15) Rent, (16) Liability Insurance/Worker's Comp., and (17) State Unemployment Insurance.

20. Income Before Set-Aside Contribution - The amount remaining after deducting all operating expenses from gross profits.

21. Set-Aside Contribution - The amount derived when applying the set-aside formula to the income before the set-aside contribution.

22. Net Profit - The percentage of sales and dollar amount after set-aside contribution has been deducted.

23. (Loss) Brought Forward - This figure is the losses from previous periods for the location (losses are indicated by minus amounts).

24. Net Profit This Period - The sum of Profit or (Loss) this Period and Profit for (Loss) Brought Forward.

25. Draw Paid - The amount guaranteed under the fair minimum return provision for the number of days worked during the period.

26. Commission/(Loss) This Period - The net profits minus the drawing account.

27. Commission Paid This Period - That portion of commissions to be paid to the vendor for the period covered by this report.

28. Total (Loss) Carried Forward - The accumulative loss for the year.

Routing of Form: Original - Bookkeeping

Copy - Vendor

Copy - Specialist

VENDING FACILITY PROGRAM PERIOD REPORT

Vendor: _____ VFP#: _____
Period: _____

Location: _____ Specialist: _____

Dates: _____ To _____

Vending Machine Deposit: _____

Total
Sales.....\$ _____

Total Stock
Purchased.....\$ _____

Gross Profits...
.....\$ _____

Gross Profit of Before Vending.....%

Operating Expenses
.....\$ _____

Vendor Deposit.....
.....\$ _____

Extra Help.....\$ _____
FICA (Matching).....\$ _____
Rent.....\$ _____
Liab. Ins/Workers Comp.\$ _____
SUTA\$ _____

Total.....\$ _____

Income before Set-Aside
Cont.....\$ _____

Set-Aside Contribution.....
.....\$ _____

Net Profit.....
.....\$ _____

Net Profit %

—

(Loss) Brought

Forward.....\$ _____

Net Profit This Period..

.....\$ _____

Draw Paid.

.....\$ _____

Commission/(Loss) This

Period.....\$ _____

Commission Paid This Period.....

....\$ _____

Total Commissions or (Loss) Carried

Forward.....\$ _____

Inventory - VFP-5

This form is completed by the Vending Facility Specialist when a vendor is assigned or leaves a facility or may be done at the discretion of the Vending Facility Program. Copies of each original inventory sheet should be made and distributed as follows:

- 1 copy to Bookkeeping Section
- 1 copy for Office file
- 1 copy to be returned to the vendor

The original copy of the inventory sheet will be signed by the vendor.

All items of merchandise must be inventoried to determine the amount on hand. The description should include the item's name, size (if applicable) and count (per normal purchase unit or actual count). The Unit Wholesale Price should be the amount that the vendor paid per normal purchase unit. The Total Value should be the number of items or purchase units times the value per item or purchase unit. The information provided on this form determines the vendor's inventory gain or loss (if any) while operating the enterprise.

If a facility is closed after an inventory is taken, the remaining inventory may be disbursed as follows:

1. Returned to supplier for check or money order.
2. Sold to other facilities that can either have the merchandise added to their initial inventory or pay for it.
3. Sold to customers.

All funds and inventory adjustments are to be forwarded to bookkeeping. All outdated and spoiled merchandise will be disposed of and an accurate count of disposed merchandise given to bookkeeping. All merchandise of a closed location must be depleted and accounted for.

Merchandise which is out of date, spoiled, or which cannot be sold according to public health regulations will not be counted on the inventory of the outgoing or incoming vendor.

Inventories should be recorded so that the amount listed in the "Units on Hand" column multiplied by the "Unit Wholesale Price" column equals the "Total Value".

When the "Units on Hand" do not equal an exact "Unit Wholesale Price", the "Units on Hand" should be listed as a fraction. See example below:

Units on Hand	Description	Unit Wholesale Price	Total Value
5/20	Wrigley Gum	\$1.90	48

The proceeding is the proper way to list an item that comes in a box of 20 at a price of \$1.90 per box when there are only 5 of 20 items on hand.

If there were 30 items when a box of 20 had a price of \$1.90 per box, the "Units on Hand" column should be shown as follows:

Units on Hand	Description	Unit Wholesale Price	Total Value
30/20	Wrigley Gum	\$1.90	\$2.85

or could be shown:

Units on Hand	Description	Unit Wholesale Price	Total Value
1 10/20	Wrigley Gum	\$1.90	\$2.85

Routing of Forms:

Bookkeeping
Vendor
Specialist

ARKANSAS VENDING FACILITY PROGRAM
700 Main Street., P.O. Box 3237
Little Rock, AR 72203

Inventory Stand No.

For Period Ending

Units On Hand

Description of Merchandise

Unit Selling Price

Total Value

SIGNED _____ TOTAL

Employee Time Sheet

VFP-1

The extra-help payroll is calculated by the Accounting Department and produced each two weeks. The extra-help payroll schedule dates are covered on the payroll schedule you receive yearly. It is necessary that all information on extra-help employees be received by the Accounting Department no later than the Monday of the week following the close of the two week period. The VFP-1 form must be completed for each extra-help employee for each two week period or any portion thereof that is worked. The VFP-1 form will be completed by the Vending Facility Program Specialist from information supplied by the vendor. Instructions for completing the VFP-1 are as follows:

FRONT SIDE

Name of Employee - Extra-help employee's name - must be completed.

VFP Manager's Name – Must be completed.

Location Number - Number of the location where employee was employed. If employee worked in more than one location during the two weeks, a form must be completed for each location with applicable time shown for each location.

Rate of Pay - Enter agreed upon rate of pay. Must be completed.

Payroll Dates - Enter payroll dates, beginning and ending.

Rate changed, check here - Must be checked if changed.

SA, SP - Check which payroll the extra help is to be paid from - must be completed. SP-302 - Check sick, vacation or agency business for payroll.

Day Worked Section - Enter regular and overtime hours worked for each day of the pay period.

Total Hours - Total number of hours for regular and overtime.

Comments - When leave is checked, include explanation here. Also, any instructions or comments affecting the payroll including pay rate changes.

VFP Specialist - Signature of Vending Facility Program Specialist.

Date - Date form is completed.

VENDING FACILITY PROGRAM
EMPLOYEE TIME SHEET

Name of Employee

VFP Manager's Name

Location Number _____

PAYROLL DATES: From _____ Through

RATE OF PAY _____ Rate changed, check here ____

SA _____

SP - 302 Sick _____ Vacation _____ Agency Business _____

SP _____

DAY WORKED

REG. HRS

O.T. HRS.

FRI

SAT

MON

TUE

WED

THU

FRI

SAT

MON

TUE

WED

THU

TOTAL REGULAR HOURS _____ TOTAL OVER TIME
HOURS _____

COMMENTS: _____

_____ VFP SPECIALIST

_____ DATE

Management Service Contract

I, _____, Social Security
_____,

Address _____, City

contract with _____, assigned licensed blind

vendor to VFP # _____, agree to provide management services in the

absence of the licensed blind vendor on the following date(s)

_____ and the following hours from _____ to _____ for

the following amount _____. I further certify to the licensed blind vendor that I am not liable for backup withholding to the Federal Internal Revenue Service as a private self-employed contractor. I further understand and agree that I will comply with the written policies of the Vending Facility Program as they apply to a licensed blind vendor as well as any additional written requirements attached to this contract. I further understand that I am not an employee of the Vending Facility Program and in no way hold the Vending Facility Program liable for payments due through this contractual agreement.

Notations of any additional instructions or agreements attached to this document:

Private Management Contractor

Date

Licensed Blind Vendor

Date

EMPLOYMENT APPLICATION VENDING FACILITY PROGRAM

Applications for employment with the Vending Facility Program are accepted without regard to sex, race, or color, national origin, physical/mental handicap, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the Vending Facility Program.

Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

Applications filed do not create a contract of employment with the Vending Facility Program. If any individual is hired, employment is for no definite period of time. Individuals hired will also be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.

Please answer all questions which apply to you. Please print, type, or write legibly.

LAST NAME

FIRST NAME

MIDDLE INITIAL

COMPLETE MAILING ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE NUMBER

WORK PHONE NUMBER

MESSAGE OR OTHER PHONE NUMBER

SOCIAL SECURITY NUMBER

EDUCATIONAL HISTORY

Did you graduate from high school?

____ Yes

____ No

If not, do you have a G.E.D.?

____ Yes

____ No

List below schools, colleges, universities, vocational, or others attended:

Name and Location

From To

Date Graduated

REFERENCES

Please list three (3) references who are not related to you.

Name Address Telephone

1.

2.

3.

WORK HISTORY List all prior work experience. Beginning with your most recent employment. If you do not have enough space to list all your work experience use a separate sheet for continuation. If you include a resume instead of completing the work history section, make sure all the requested information is included.

1. Current or most recent employer

Complete mailing address

City State Zip Code Business Phone #

Type of Business

Your job title

Your job duties (be specific)

Reason for leaving

Employed from To

2. Employer

Complete mailing address

City State Zip Code Business Phone #

Type of Business

Your job title

Your job duties (be specific)

Reason for leaving

Employed from To

3. Employer

Complete mailing address

City State Zip Code Business Phone #

Type of Business

Your job title

Your job duties (be specific)

Reason for leaving

Employed from To

Before you sign this application, check your answers to make sure that all questions have been completed properly.

I, the below signed individual, hereby declare that, to the best of my knowledge and my ability, the information on this application is true and factual.

I understand that my employment is for no definite period of time, and I may be terminated at any time.

I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition to any employment.

I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee.

Signature of applicant _____ Date _____

Receipt for Petty Cash - VFP-28

This form will be used each time the Petty Cash at a location is changed and when a location is inventoried. Should the location be operated by an extra help employee, the extra help employee will sign the form on the same line as the VFP vendor.

The VFP Specialist will fill out the VFP-28, have the vendor/extra help sign the form and leave a copy of the VFP-28 with the vendor/extra help. The original VFP-28 will be returned to bookkeeping to be filed in the initial inventory file.

When a vendor is inventoried out of a location, a copy of the VFP-28 will be attached to the copy of the inventory sent to the vendor.

Vending Facility Program Receipt for Petty Cash Funds

VFP # _____

Petty Cash Amount _____

Date _____

Received by:

VFP Vendor

Date

VFP Specialist

Date

Distribution:

1 copy to bookkeeping/accounting
1 copy to vendor with stock and merchandise inventory
1 copy to files

Retirement Contributions Schedule

Years of Service	Amount of Contribution
5	\$ 200.00
6	\$ 225.00
7	\$ 250.00
8	\$ 275.00
9	\$ 300.00
10	\$ 325.00
11	\$ 350.00

12	\$ 375.00
13	\$ 400.00
14	\$ 425.00
15	\$ 450.00
16	\$ 475.00
17	\$ 500.00
18	\$ 525.00
19	\$ 550.00
20	\$ 575.00
21	\$ 600.00
22	\$ 625.00
23	\$ 650.00
24	\$ 675.00
25	\$ 700.00
26	\$ 725.00
27	\$ 750.00
28	\$ 775.00
29	\$ 800.00
30	\$ 825.00
31	\$ 850.00
32	\$ 875.00
33	\$ 900.00
34	\$ 925.00
35	\$ 950.00
36	\$ 975.00
37	\$1,000.00

38	\$1,025.00
39	\$1,050.00
40	\$1,075.00
41	\$1,100.00
42	\$1,125.00
43	\$1,150.00
44	\$1,175.00
45	\$1,200.00
46	\$1,225.00